TNCAL education seminar

education • networking

Requirements for the Plan of Care

With the increase in the acuity of assisted living residents has come an increase in deficiencies related to information not included on the plan of care. We will discuss the regulatory requirements for what is required to be included on the POC and when to review and revise the POC. We will also review deficiencies related to unrevised POCs, discuss the required signatures, and review assisted living POC examples.

when&where

June 13, 2024 • 9 a.m. - noon, Central Time
Adams Place, 1927 Memorial Boulevard, Murfreesboro, TN 37129

June 14, 2024 • 9 a.m. - noon, Central Time
Regency Retirement Village of Jackson, 420 Cheyenne Drive, Jackson, TN

June 18, 2024 • 9 a.m. - noon, Central Time
Franklin Manor, 3619 Cowan Highway, Winchester, TN 37398

June 21, 2024 • 9 a.m. - noon, Eastern Time
Hickory Valley Retirement Center, 6705 Ballard Drive, Chattanooga, TN 37421

June 27, 2024 • 9 a.m. - noon, Eastern Time
The Lodge at Shannondale, 801 Vanosdale Road, Knoxville, TN 37909

June 28, 2024 • 9 a.m. - noon, Eastern Time
Abundant Christian Living Community Assisted Living Center,
2012 Sherwood Drive, Johnson City, TN 37601

thespeaker

Angie Hodges, director of TNCAL

NAB credit: 3 hours
Target audience: Assisted living administrators, wellness directors and DONs

howtoregister

Return the enclosed registration form to Tennessee Health Care Association, P.O. Box 440548, Nashville, TN, 37244-0548, or fax the form to (615) 834-2502.

TNCAL Tennessee Center for Assisted Living
AN ORGANIZATION OF THCA

TNCAL education seminar • REGISTRATION FORM

Requirements for the Plan of Care

general information

Date/time: June 13, 14, 18, 21, 27, 28 (9 a.m.-noon)
Registration: $60 per person per seminar (TNCAL members); $90 per person (nonmembers)

registrants

☐ June 13 ☐ June 14 ☐ June 18 ☐ June 21 ☐ June 27 ☐ June 28

Name _____ Name _____

Name _____ Name _____

Facility/Company _____

E-mail _____ Person completing form _____

Phone _____ Fax _____

choose your method of payment *

☐ Check made payable to TNCAL ☐ MasterCard ☐ Visa ☐ American Express

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Exp. date

Cardholder's name _____ Signature _____

Cardholder's mailing address (where credit card bill is received)

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mail registration to

Tennessee Health Care Association, P.O. Box 440548, Nashville, TN, 37244-0548, or fax to (615) 834-2502. For more information, call (615) 834-6520.

cancellations and refunds

TNCAL reserves the right to cancel any seminar and will make a full refund to registrants in the event of a cancellation. TNCAL understands that registrants cannot always attend seminars as planned. Therefore, substitutions may be made at any time. If cancellation of a registration is necessary and is received by TNCAL at least 48 hours before the seminar, a full refund will be made; less than 48 hours, a 50 percent refund will be made. Those who cancel less than 48 hours prior to the seminar and have not paid will be invoiced for 50 percent of the fee. All cancellations must be in writing. Cancellations may be mailed or faxed to the TNCAL office at (615) 834-2502. Registrants who do not attend and who do not cancel will not receive a refund.

continuing education policy

TNCAL education program participants must attend the entire scheduled seminar to receive credit. No partial credit can be given for late arrivals or early departures. TNCAL will only accept attendance certificates that are completed and collected onsite at the conclusion of the seminar.